### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

**Facility Name: META HOUSE III (310026)** 

Address: 3924 3926 N MARYLAND AVE, SHOREWOOD, WI 53211

**License Status: REGULAR** 

Licensed/Certified/Registered 11/30/1985

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0096025 End Date: 11/17/2005 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007230 Served 12/12/2005

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	Deficiencies Cited	Subject Area	Verified	Corrected
	83.07(1)	LICENSING ADMINISTRATION APPLICATION		
	83.11(3)(a)	RESPONSIBILITIES		
	83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
		FAIR TREATMENT		
	83.32(1)(a)	ASSESSMENT AND ISP		
	83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
	83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES		
	83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS		
	83.41(10)(a)	BUILDING MAINTENANCE		
	83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
	83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
	83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		
	83.43(3)(b)1	TESTING BY SERVICE COMPANY		
	83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
	83.43(4)(b)2.a	BEDROOMS SMOKE DETECTOR		
	83.43(4)(b)2.d	SHARED ROOM WHERE MINIMUM LINTEL DEPTH		
	83.43(5)(a)1	KITCHEN		
	83.43(5)(a)4	ENCLOSED FURNACE ROOM		

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### **Enforcement History**

Date: 12/09/2005 SOD #10007230 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.11(3)a

FORFEITURE---83.35(4)f

FORFEITURE---83.41(10)a

FORFEITURE---83.43(3)(b)1, 83.43(3)(b)2

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